



**Rusk County Health & Human Services
Public Health Department
Environmental Health Section**



311 MINER AVE. E, SUITE C220, LADYSMITH, WI 54848

PHONE: 715-532-2299 FAX: 715-532-2217

Send completed form to rchhs@ruskcountywi.us

COMPLAINT FORM

Today's Date: _____

Location of where complaint existed or was observed:

Complaint regarding (Name): _____ Phone Number: _____

Landlord Property manager Property Owner Other: _____

Address: _____

Did you contact Landlord/ Property Owner: Yes No

Dates/ Times/ Methods: _____

Date and Time incident/condition existed or was observed:

Complaint (Be as detailed as possible):

For more room, continue on back of page →

Complainant's Information: *(must be filled in)*

Yes No (Complainant's request to remain anonymous)

Name: _____

Phone: _____

Address: _____

****All complainants' information is kept confidential unless released by a judge. Filling in complainants' information allows for follow-up questions or to gather more information on the case as needed. Under Wisconsin's Open Record Law, this complaint will be available for public review upon request, after the department's action is completed.**

Complaint continued from of the form:(Be as detailed as possible):